

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Association of Realtors Congressional Fund

ADDRESS (number and street)

430 North Michigan Avenue

Check if different
than previously
reported. (ACC)

Chicago

IL

60611-4011

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00488742

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☒ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

11

08

2016

in the
State of

IL

(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2016

through

10

19

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

McGrew, Michael, C, ,

Type or Print Name of Treasurer

Signature of Treasurer

McGrew, Michael, C, ,

[Electronically Filed]

Date

10

25

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

National Association of Realtors Congressional Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2016

To:

M M	/	D D	/	Y Y Y Y Y
10		19		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2016</td></tr></table>	Y	Y	Y	Y	Y	2016						<table><tr><td colspan="5">1225523.87</td></tr></table>	1225523.87				
Y	Y	Y	Y	Y													
2016																	
1225523.87																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">1916691.87</td></tr></table>	1916691.87															
1916691.87																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">629893.00</td></tr></table>	629893.00					<table><tr><td colspan="5">10664943.89</td></tr></table>	10664943.89									
629893.00																	
10664943.89																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">2546584.87</td></tr></table>	2546584.87					<table><tr><td colspan="5">11890467.76</td></tr></table>	11890467.76									
2546584.87																	
11890467.76																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">2206310.75</td></tr></table>	2206310.75					<table><tr><td colspan="5">11550193.64</td></tr></table>	11550193.64									
2206310.75																	
11550193.64																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">340274.12</td></tr></table>	340274.12					<table><tr><td colspan="5">340274.12</td></tr></table>	340274.12									
340274.12																	
340274.12																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

National Association of Realtors Congressional Fund

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	1		2	0	1	6		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		1	9		2	0	1	6		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	629893.00	10664943.89
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	629893.00	10664943.89
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	629893.00	10664943.89
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	629893.00	10664943.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	629893.00	10664943.89

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	41693.00	1242308.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	41693.00	1242308.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	2164617.75	10296498.75
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	10000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	10000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	1386.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2206310.75	11550193.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2206310.75	11550193.64

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	629893.00	10664943.89
34. Total Contribution Refunds (from Line 28(d))	0.00	10000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	629893.00	10654943.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	41693.00	1242308.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	41693.00	1242308.89

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB

Form/Schedule: F3XN

Transaction ID :

For Line 21b of this report, the disbursements to 720 Strategies LLC on 10/12/16 for \$13,050.00 and Meath Media Group on 10/12/16 for \$68,000.00 represent advance costs for Independent Expenditures that were not publicly disseminated during this reporting period, but instead will be disseminated in future reporting periods. For the following items, negative amounts are reflected on Line 21b of this report and corresponding positive amounts are reflected on Line 24. For the Line 21b negative entries, the full purpose of disbursement should be noted as Transfer to Line 24, Independent Expenditure disseminated. The items are: 720 Strategies LLC dated 10/05/16 for \$1,750.00, Meath Media Group dated 10/04/16 for \$25,000.00, Meath Media Group dated 10/05/16 for \$25,000.00. For the Line 24 corresponding positive entries, the full purpose of each disbursement is as follows: 720 Strategies LLC dated 10/05/16 for \$1,750.00 transfer website landing page costs in support of Sen. Johnny Isakson, Meath Media Group dated 10/04/16 for \$25,000.00 transfer online video production costs in support of Rep. Robert J. Dold Jr., Meath Media Group dated 10/05/16 for \$25,000.00 transfer online video production costs in support of Sen. Johnny Isakson.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 28

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Intermountain MLS

Mailing Address 9542 Bethel Court

City
Boise

State
ID

Zip Code
83709-0569

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3886.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 12 / 2016

Transaction ID : AF7576739E4D64DABB20

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NARBAC - NAR Business Activities Corporation

Mailing Address 430 N Michigan Avenue

City
Chicago

State
IL

Zip Code
60611-4011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : A111F4418AA284EBC99B

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NATIONAL ASSOCIATION OF REALTO, , , ,

Mailing Address 430 N Michigan Avenue

City
Chicago

State
IL

Zip Code
60611-4011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Corporation

Occupation (for Individual)
n/a

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10133391.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2016

Transaction ID : AB610C90FD4224548ADA

Amount of Each Receipt this Period

375000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

402500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NATIONAL ASSOCIATION OF REALTO, ., .,

Mailing Address 430 N Michigan Avenue

City
Chicago

State
IL

Zip Code
60611-4011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Corporation

Occupation (for Individual)
n/a

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10145784.00

Date of Receipt

10 / 19 / 2016

Transaction ID : A558725B48D3A4A32A10

Amount of Each Receipt this Period

12393.00

☐ Memo Item

In-Kind: Administrative support and solicitation

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. REALTORS INFORMATION NETWORK (RIN)

Mailing Address 430 N MICHIGAN AVE

City
Chicago

State
IL

Zip Code
60611-4011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80000.00

Date of Receipt

10 / 14 / 2016

Transaction ID : A55B7123F3701480D90F

Amount of Each Receipt this Period

80000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Second Century Ventures (SCV)

Mailing Address 430 N Michigan Ave

City
Chicago

State
IL

Zip Code
60611-4011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

10 / 11 / 2016

Transaction ID : ABAF621CFFA974CC8970

Amount of Each Receipt this Period

25000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

117393.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sentrilock, LLC

Mailing Address 2710 E Kemper Rd

Attn: Scott Fisher, President

City

Cincinnati

State

OH

Zip Code

45241-1818

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 14 / 2016

Transaction ID : A2BB7077949464B1CA27

Amount of Each Receipt this Period

110000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

110000.00

TOTAL This Period (last page this line number only)..... ►

629893.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

Full Name (Last, First, Middle Initial)

A. 720 Strategies LLC

Mailing Address 1111 19th St NW

City
WashingtonState
DCZip Code
20036-3603

Purpose of Disbursement

Trsr to Line 24 (See memo text for detailed explanation)

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				05				2016					

FEC Identification Number

C**Transaction ID : B07C252700c**

Amount of Each Disbursement this Period

-1750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 720 Strategies LLC

Mailing Address 1111 19th St NW

City
WashingtonState
DCZip Code
20036-3603

Purpose of Disbursement

Advance payment for online Ad costs

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				12				2016					

FEC Identification Number

C**Transaction ID : B1199B0FE4f**

Amount of Each Disbursement this Period

13050.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Meath Media Group

Mailing Address 4441 Kingle St., NW

City
WashingtonState
DCZip Code
20016-3578

Purpose of Disbursement

Trsr to Line 24 (See memo text for detailed explanation)

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				04				2016					

FEC Identification Number

C**Transaction ID : B8128DA686**

Amount of Each Disbursement this Period

-25000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-13700.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Association of Realtors Congressional Fund

Full Name (Last, First, Middle Initial)

A. Meath Media Group

Mailing Address 4441 Klinge St., NW

City
WashingtonState
DCZip Code
20016-3578Purpose of Disbursement
Trsr to Line 24 (See memo text for detailed explanation)

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		05		2016

FEC Identification Number

C Transaction ID : BAB3C225A5

Amount of Each Disbursement this Period

-25000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Meath Media Group

Mailing Address 4441 Klinge St., NW

City
WashingtonState
DCZip Code
20016-3578Purpose of Disbursement
Advance payment for online video production costs

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2016

FEC Identification Number

C Transaction ID : BB2540780B5

Amount of Each Disbursement this Period

68000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NATIONAL ASSOCIATION OF REALTO, ., . ,

Mailing Address 430 N Michigan Avenue

City
ChicagoState
ILZip Code
60611-4011Purpose of Disbursement
In-Kind: Administrative support and solicitation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2016

FEC Identification Number

C Transaction ID : BFDABE437I

Amount of Each Disbursement this Period

12393.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55393.00

41693.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 28
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item 720 Strategies LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-around;"> 10 05 2016 </div>	
Mailing Address 1111 19th St NW				Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 1750.00 </div>	
City Washington		State DC		Zip Code 20036-3603	
Purpose of Expenditure Website Landing Page costs				Category/Type 	
Name of Federal Candidate: Isakson, Johnny, , Sen.,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: State: GA	
Calendar Year-To-Date Per Election for Office Sought 27065.00				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 	
Full Name of Payee <input type="checkbox"/> Memo Item 720 Strategies LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-around;"> 10 06 2016 </div>	
Mailing Address 1111 19th St NW				Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 13732.75 </div>	
City Washington		State DC		Zip Code 20036-3603	
Purpose of Expenditure Campaign buttons and cup holders				Category/Type 	
Name of Federal Candidate: Isakson, Johnny, , Sen.,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: State: GA	
Calendar Year-To-Date Per Election for Office Sought 40797.75				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> 15482.75 </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>McGrew, Michael, , ,</u>				Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 10 25 2016 </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 13 OF 28
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item 720 Strategies LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Mailing Address 1111 19th St NW				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1150.00</div>	
City Washington		State DC		Zip Code 20036-3603	
Purpose of Expenditure Facebook Ad costs				Category/Type 	
Name of Federal Candidate: Nolan, Rick, M., Rep.,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought 713747.50				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item 720 Strategies LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Mailing Address 1111 19th St NW				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3250.00</div>	
City Washington		State DC		Zip Code 20036-3603	
Purpose of Expenditure Facebook Ad costs				Category/Type 	
Name of Federal Candidate: Portman, Rob, J., Sen.,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought 977696.00				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;">4400.00</div> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;"> </div> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>McGrew, Michael, , ,</u>				Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 10 25 2016 </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 14 OF 28
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY				
Full Name of Payee <input type="checkbox"/> Memo Item 720 Strategies LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Mailing Address 1111 19th St NW			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1150.00</div>	
City Washington	State DC	Zip Code 20036-3603	Transaction ID : EA3F49DB30B0342BBB2E Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Purpose of Expenditure Facebook Ad costs		Category/Type <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		
Name of Federal Candidate: Paulsen, Erik, , Rep.,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN </div> </div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">28110.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item 720 Strategies LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Mailing Address 1111 19th St NW			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1450.00</div>	
City Washington	State DC	Zip Code 20036-3603	Transaction ID : ED102B9601020465EA6A Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Purpose of Expenditure Facebook Ad costs		Category/Type <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		
Name of Federal Candidate: Heck, Joe, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV </div> </div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1505426.50</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">2600.00</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>McGrew, Michael, , ,</u>			<div style="display: flex; justify-content: space-between; align-items: center;"> <div> [Electronically Filed] Date </div> <div> <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div> </div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 15 OF 28
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item 720 Strategies LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Mailing Address 1111 19th St NW				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1150.00 </div>	
City Washington		State DC		Zip Code 20036-3603	
Purpose of Expenditure Facebook Ad costs				Category/Type 	
Name of Federal Candidate: Correa, Lou, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 46 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought 23162.50				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item 720 Strategies LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Mailing Address 1111 19th St NW				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1150.00 </div>	
City Washington		State DC		Zip Code 20036-3603	
Purpose of Expenditure Facebook Ad costs				Category/Type 	
Name of Federal Candidate: Valadao, David, G., Rep.,				Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought 28162.50				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; margin-bottom: 10px;"> 2300.00 </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; margin-bottom: 10px;"> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>McGrew, Michael, , ,</u>				Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 10 25 2016 </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 16 OF 28
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00488742 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item 720 Strategies LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Mailing Address 1111 19th St NW			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1150.00</div>	
City Washington	State DC	Zip Code 20036-3603	Transaction ID : E1D1B114A11074496A8E Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Purpose of Expenditure Facebook Ad costs		Category/ Type	<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Name of Federal Candidate: Dold, Robert, J., Rep., Jr.			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 10 State: IL	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item 720 Strategies LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Mailing Address 1111 19th St NW			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2650.00</div>	
City Washington	State DC	Zip Code 20036-3603	Transaction ID : ED79BC0818AFC4D2393A Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Purpose of Expenditure Facebook Ad costs		Category/ Type	<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY </div>	
Name of Federal Candidate: Blunt, Roy, D., Sen.,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: MO State: MO	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	3800.00
(a) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

McGrew, Michael, ,

[Electronically Filed]

Date

MM / DD / YYYY

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 17 OF 28
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item 720 Strategies LLC				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>10 / 18 / 2016</div> </div>	
Mailing Address 1111 19th St NW				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1150.00</div>	
City Washington		State DC		Zip Code 20036-3603	
Purpose of Expenditure Facebook Ad costs				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: Coffman, Mike, , Rep.,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 06 State: CO	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;">803828.50</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				2016	
Full Name of Payee <input type="checkbox"/> Memo Item Fenn Communications Group				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>10 / 19 / 2016</div> </div>	
Mailing Address 2715 M St NW Ste 150				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">523200.00</div>	
City Washington		State DC		Zip Code 20007-3733	
Purpose of Expenditure TV Ad buy & production costs				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: Gottheimer, Josh, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 05 State: NJ	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;">1870818.00</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶				2016	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">524350.00</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>McGrew, Michael, ,</u>				Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> <div>10</div> <div>25</div> <div>2016</div> </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 18 OF 28
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <input type="checkbox"/> Memo Item Majority Strategies				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 14 / 2016</div>	
Mailing Address 135 Professional Dr Ste 104				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">420680.00</div>	
City Ponte Vedra Beach		State FL		Zip Code 32082-6277	
Purpose of Expenditure Direct Mail Costs				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: Isakson, Johnny, , Sen.,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">501502.75</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Meath Media Group				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 04 / 2016</div>	
Mailing Address 4441 Klinge St., NW				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>	
City Washington		State DC		Zip Code 20016-3578	
Purpose of Expenditure Online video production costs				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: Dold, Robert, J., Rep., Jr.				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">775516.00</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">445680.00</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>McGrew, Michael, , ,</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 25 / 2016</div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 19 OF 28
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on	
Full Name of Payee <input type="checkbox"/> Memo Item Meath Media Group		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 05 / 2016</div> </div>	
Mailing Address 4441 Klinge St., NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>	
City Washington	State DC	Zip Code 20016-3578	Transaction ID : E410A6104BAF0475FA9A Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>
Purpose of Expenditure Online video production costs		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Isakson, Johnny, , Sen.,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">27065.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 04 / 2016</div> </div>	
Mailing Address 430 N Michigan Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">105.00</div>	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E4B549B4EB2BA4CB59F1 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>
Purpose of Expenditure Consulting Services		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate: Dold, Robert, J., Rep., Jr.		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">775516.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">25105.00</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>McGrew, Michael, , ,</u>		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 25 / 2016</div> </div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 20 OF 28
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 40%;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 40%;">Y Y Y Y Y Y</div> </div>		
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">315.00</div>		
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : EECFAC4C7E83E4DF9A86 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 40%;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Consulting Services		Category/ Type	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Name of Federal Candidate: Isakson, Johnny, , Sen.,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">27065.00</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____					
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 40%;">Y Y Y Y Y Y</div> </div>		
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">52.50</div>		
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E016CF299C6FF45FEADC Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 40%;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Consulting Services		Category/ Type	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Name of Federal Candidate: Nolan, Rick, M., Rep.,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">713747.50</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____					
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">367.50</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>McGrew, Michael, , ,</i>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 40%;">Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 21 OF 28
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund			FEC IDENTIFICATION NUMBER ▼ C C00488742	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee National Association of REALTORS <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 07 / 2016	
Mailing Address 430 N Michigan Ave			Amount 105.00	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E469690CB50BD4F12ACD	
Purpose of Expenditure Consulting Services		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate: Portman, Rob, J., Sen., <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: OH	
Calendar Year-To-Date Per Election for Office Sought 977696.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee National Association of REALTORS <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 07 / 2016	
Mailing Address 430 N Michigan Ave			Amount 52.50	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : ED9A0698DAEB7459193B	
Purpose of Expenditure Consulting Services		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate: Paulsen, Erik, , Rep., <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> President <input type="checkbox"/> State: MN	
Calendar Year-To-Date Per Election for Office Sought 28110.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			157.50	
(a) SUBTOTAL of Unitemized Independent Expenditures			 	
(a) TOTAL Independent Expenditures			 	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
McGrew, Michael, , , Signature			Date M M / D D / Y Y Y Y Y Y 10 / 25 / 2016	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 22 OF 28
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee National Association of REALTORS <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Mailing Address 430 N Michigan Ave		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">52.50</div>		
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : EF64EEF32BB0A431E8E6 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Consulting Services		Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>		
Name of Federal Candidate: Heck, Joe, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1505426.50</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee National Association of REALTORS <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Mailing Address 430 N Michigan Ave		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">52.50</div>		
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E85CFEA13B1604A1EB4C Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Consulting Services		Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>		
Name of Federal Candidate: Valadao, David, G., Rep.,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>21</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">28162.50</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">105.00</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
(a) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature McGrew, Michael, , ,		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">25</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 23 OF 28
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee National Association of REALTORS <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">52.50</div>		
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : EBD7FCD94530F4B568DC Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Consulting Services		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>		
Name of Federal Candidate: Correa, Lou, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 46 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">23162.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee National Association of REALTORS <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">525.00</div>		
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E9538B1F8E9F04D7BB99 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Consulting Services		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>		
Name of Federal Candidate: Isakson, Johnny, , Sen.,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">501502.75</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">577.50</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature McGrew, Michael, , ,		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 24 OF 28
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on	
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 17 / 2016</div> </div>	
Mailing Address 430 N Michigan Ave				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">525.00</div>	
City Chicago		State IL		Zip Code 60611-4011	
Purpose of Expenditure Consulting Services				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: Isakson, Johnny, , Sen.,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;">583027.75</div>	
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 18 / 2016</div> </div>	
Mailing Address 430 N Michigan Ave				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">52.50</div>	
City Chicago		State IL		Zip Code 60611-4011	
Purpose of Expenditure Consulting Services				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Name of Federal Candidate: Blunt, Roy, D., Sen.,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; display: inline-block;">29610.00</div>	
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;">577.50</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(a) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>McGrew, Michael, , ,</u>				Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 25 / 2016</div> </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 25 OF 28
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">52.50</div>		
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E693F6CCF0CCD4A44A86 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Consulting Services		Category/ Type	<div style="border: 1px solid black; padding: 2px;"> </div>		
Name of Federal Candidate: Dold, Robert, J., Rep., Jr.			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">776718.50</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">52.50</div>		
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E285C746216684171869 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Consulting Services		Category/ Type	<div style="border: 1px solid black; padding: 2px;"> </div>		
Name of Federal Candidate: Coffman, Mike, , Rep.,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">803828.50</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">105.00</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px;"> </div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>McGrew, Michael, ,</i>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <div style="float: right; text-align: right;"> New report Amends report filed on MM / DD / YYYY </div>				
Full Name of Payee <input type="checkbox"/> Memo Item National Association of REALTORS			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>	
Mailing Address 430 N Michigan Ave			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 210.00 </div>	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E9F913066B53E42D9B92 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>	
Purpose of Expenditure Consulting Services		Category/Type <div style="border: 1px solid black; padding: 2px; width: 100px;"></div>		
Name of Federal Candidate: Gottheimer, Josh, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought 1870818.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Peter D Hart Research Associates Inc			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>	
Mailing Address 1724 Connecticut Ave NW			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 26800.00 </div>	
City Washington	State DC	Zip Code 20009-1103	Transaction ID : E50BC1D8EF5A04FBAAE Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> MM / DD / YYYY </div>	
Purpose of Expenditure Polling expenses		Category/Type <div style="border: 1px solid black; padding: 2px; width: 100px;"></div>		
Name of Federal Candidate: Gottheimer, Josh, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought 1870818.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 27010.00 </div>	
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>	
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>McGrew, Michael, , ,</u>			Date MM / DD / YYYY 10 / 25 / 2016	
<i>[Electronically Filed]</i>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on MM / DD / YYYY	
Full Name of Payee <input type="checkbox"/> Memo Item Public Opinion Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2016	
Mailing Address 214 N Fayette St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 39500.00 </div>	
City Alexandria	State VA	Zip Code 22314-2433	Transaction ID : EF73E950879FC48DFBBA Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Polling expenses		Category/Type 	
Name of Federal Candidate: Isakson, Johnny, , Sen.,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 501502.75 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Strategic Partners & Media, Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016	
Mailing Address PO Box 480		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 81000.00 </div>	
City Arnold	State MD	Zip Code 21012-0480	Transaction ID : ECE354E30304A4BB782B Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Online Ad buy and production costs		Category/Type 	
Name of Federal Candidate: Isakson, Johnny, , Sen.,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 583027.75 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 120500.00 </div>	
(a) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>	
(a) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 120500.00 </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>McGrew, Michael, ,</u>		Date MM / DD / YYYY 10 / 25 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <div style="float: right; text-align: right;"> New report Amends report filed on MM / DD / YYYY </div>				
Full Name of Payee <input type="checkbox"/> Memo Item Strategic Partners & Media, Inc			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 10 / 18 / 2016 </div>	
Mailing Address PO Box 480			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 991500.00 </div>	
City Arnold	State MD	Zip Code 21012-0480	Transaction ID : E3B7762A4AB754D7CBB7 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>	
Purpose of Expenditure TV Ad buy & production costs		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate: Isakson, Johnny, , Sen.,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1574527.75 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	
Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>	
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>	
City	State	Zip Code	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>	
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 991500.00 </div>	
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>	
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2164617.75 </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>McGrew, Michael, , ,</u>			Date MM / DD / YYYY 10 / 25 / 2016 	
[Electronically Filed]				